

ALABAMA MEDICAID AGENCY PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency will use a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of buprenorphine products, carisoprodol products, lansoprazole, lindane, and omeprazole-sodium bicarbonate) and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Antihistamines

First Generation

All covered generics and OTCs

Anti-infective Agents

All covered generics and OTCs

All covered generics and OTCs Aminoglycosides

All covered generics and OTCs

All covered generics and OTCs

Gris-Peg

All covered generics and OTCs

Daraprim

All covered generics and OTCs Antituberculosis Agents

All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs

Infergen PegIntron All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs

Miscellaneous Antimycobacteria All covered generics and OTCs

Miscellaneous Antiprotozoals

All covered generics and OTCs

All covered generics and OTCs

Miscellaneous B-Lactams

All covered generics and OTCs

Neuraminidase Inhibitors Relenza[†] Tamiflu¹

All covered generics and OTCs

All covered generics and OTCs **Urinary Anti-infectives**

All covered generics and OTCs

Behavioral Health

Alzheimer's Agents Aricept*

Aricept ODT* All covered generics and OTCs

Lexapro

All covered generics and OTCs Anxiolytics/Sedatives/Hypnotics

All covered generics and OTCs Anxiolytics/Sedatives/Hypnotics

Diastat*

All covered generics and OTCs

Behavioral Health (continued)

Anxiolytics/Sedatives/Hypnotics: Miscellaneous All covered generics and OTCs

Cerebral Stimulants/Agents for ADD/ADHD-Short and Intermediate Acting

Ritalin* Ritalin-SR*

All covered generics and OTCs Long Acting

Adderall XR* Focalin XR

Daytrana All covered generics and OTCs

Cardiovascular Health

All covered generics and OTCs drenergic Blocking Age

All covered generics and OTCs
Angiotensin II Receptor Antagonists

All covered generics and OTCs

All covered generics and OTCs

Beta-Adrenergic Blocking Agents

All covered generics and OTCs

Calcium-Channel Blocking Ager

All covered generics and OTCs

Cardiotonic Agents

All covered generics and OTCs Central Alpha-Agonists

All covered generics and OTCs

Direct Vasodilato

All covered generics and OTCs

All covered generics and OTCs
Mineralocorticoid (Aldosterone) Receptor

All covered generics and OTCs llaneous Cardiac Drugs

All covered generics and OTCs

Miscellaneous Hypotensive A

All covered generics and OTCs

All covered generics and OTCs Peripheral Adrenergic Inhibitors

All covered generics and OTCs

Platelet-Aggregation Inhibitors
All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs

Cholesterol Absorption Inhibitors

All covered generics and OTCs Fibric Acid Derivatives

All covered generics and OTCs

HMG-CoA Reductase Inhibitor

All covered generics and OTCs

ellaneous Antilipemic Agents Niacor

All covered generics and OTCs

Diabetic Agents

lucosidase Inhibitors

Glyset

All covered generics and OTCs

All covered generics and OTCs

Diabetic Agents (continued)

All covered generics and OTCs Dipe tidyl Pentidase-4 (DPP-4) Inhibitors

All covered generics and OTCs

All covered generics and OTCs

Humalog Lantus All covered generics and OTCs

Prandin All covered generics and OTCs

All covered generics and OTCs

Actos All covered generics and OTCs

EENT Preparations

Astepro

All covered generics and OTCs

Bactroban Nasal Bleph-10*

Blephamide Tobrex³

Blephamide S.O.P.

All covered generics and OTCs asal Corticosteroids

Beconase AQ Nasonex

All covered generics and OTCs

Tyzine All covered generics and OTCs

Gastrointestinal Agents

Receptor Antagonists
All covered generics and OTCs

All covered generics and OTCs

Miscellaneous Antieme All covered generics and OTCs

Proton-Pump Inhibitors All covered generics and OTCs

(generic lansoprazole and omeprazole-sodium bicarbonate require a PA)

Genitourinary Agents

tourinary Smooth Muscle Relaxants Oxytrol

All covered generics and OTCs

Pain Management/Autonomic Agents

ally Acting Skeletal Muscle Relax All covered generics and OTCs (generic carisoprodol products

require a PA)
Direct-Acting Skeletal Muscle Relaxants All covered generics and OTCs

GABA-Derivative Skeletal Muscle Relaxants All covered generics and OTCs

Miscellaneous Skeletal Muscle Relaxants

All covered generics and OTCs **Opiate Agonists**

All covered generics and OTCs **Opiate Partial Agonists**

All covered generics and OTCs (generic buprenorphine products require a PA)

Pain Management/Autonomic Agents (continued)

Maxalt MI T All covered generics and OTCs

Respiratory

Atrovent HFA Spiriva

All covered generics and OTCs

All covered generics and OTCs

Leukotriene Modifiers Accolate* Singulair

All covered generics and OTCs

Orally Inhaled Corticosteroids Flovent Diskus Advair Diskus

Advair HFA Flovent HFA **QVAR**

Asmanex

Dulera

All covered generics and OTCs Respiratory Beta-Adrenergic Agonis Combivent Proventil HFA Foradil Serevent Diskus

Ventolin HFA

ProAir HFA Xopenex HFA All covered generics and OTCs

Maxair Autohaler

Respiratory Smooth Muscle Relax All covered generics and OTCs

Skin and Mucous Membrane Agents

All covered generics and OTCs

All covered generics and OTCs

Anti-inflammatory Agents

Capex Shampoo Derma-Smoothe/FS*

All covered generics and OTCs

Antipruritics and Local Anesthe All covered generics and OTCs

Antivirals Zovirax

All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs Keratoplastic Agents

All covered generics and OTCs Miscellaneous Local Anti-infectives

pHisoHex

All covered generics and OTCs
Misc Skin and Mucous Membrane Agents All covered generics and OTCs

Scabicides and Pediculicides All covered generics and OTCs

(generic lindane requires a PA)

Women's Health

Estrogens Cenestin Menest Premarin (tabs only)

All covered generics and OTCs

All covered generics and OTCs